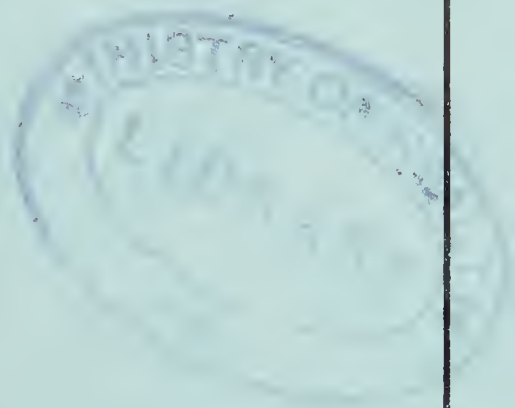


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MIRFIELD URBAN DISTRICT



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year

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WILLIAM MASON DOUGLAS, M.B., Ch.B., D.P.H.

Medical Officer of Health.



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Mirfield Urban District Council

1953—4

CHAIRMAN

Councillor **JOSEPH HERBERT BARRACLOUGH, J.P.**

DEPUTY CHAIRMAN

Councillor **FRANK COPLEY**

COUNCILLORS

BARRACLOUGH, Ernest Charles

CLARKE, George Arthur

DAY, Milner, J.P.

FRETWELL, Sandy, J.P.

HARDY, John, J.P.

LYDALL, Frank Berti

SHEARD, Ernest Harold

TALBOT, George Walker

WALKER, Cecil

WEBSTER, George

PUBLIC HEALTH AND HOUSING COMMITTEE

Councillor **TALBOT**, Chairman

Councillor **LYDALL**, Deputy Chairman

Consists of all the Members of the Council.

October, 1954.

TO THE CHAIRMAN AND MEMBERS OF THE MIRFIELD URBAN DISTRICT COUNCIL.

Mr. Chairman, Gentlemen,

I have the honour to submit to you my annual report relating to the Urban District of Mirfield, and to the work of the Health Department for the year 1953. In addition to providing information relating to certain aspects of the communal health it contains statistical returns of the work carried out by the Department and, once again, some account is given of the Health Services which are provided by the County Council in Mirfield by virtue of the National Health Service Act 1946. Locally these services come within my executive control and are closely integrated with the services provided by the Mirfield Council.

Summarised very briefly the vital statistics show a sharp decline in the birth rate from the high figures of the previous two years (16·5 and 16·7) to 12·6 live births per thousand of population, and this is much smaller than the average rate throughout England and Wales (15·5). In dealing statistically with small populations such fluctuations are bound to occur and is not necessarily indicative of a general trend. Nevertheless, it is a fact that the birth rate in the smaller towns, with a few exceptions, is consistently lower than that in the larger towns and cities though why this should be is difficult to analyse precisely. Perhaps there is on average a higher standard of living requiring greater economy, perhaps too, the extensive employment of female labour in industry is a factor in these textile areas, or could it be that the restricted variety of careers open to young people in small communities is a discouraging factor.

The number of home confinements again decreased and it will become increasingly difficult to provide an adequate domiciliary midwifery service with economical employment of staff. I continue to believe that the resources of the National Health Service could be put to better use than the over provision of beds for normal maternity cases which obtains in this locality.

The infant mortality rate again showed a slight drop to 19·9 deaths per thousand births and has on only one occasion been bettered in Mirfield ; this taken in conjunction with the exceptionally low still birth rate (13·1) must be viewed with some satisfaction, and indeed allowing for chance these figures must be near the irreducible minima. Both these rates are well below the national figures. The standard of parental care of infants is on the whole good, and is supported by skilled medical attention, and by routine supervision and advice by highly trained nursing personnel. Needless to say the ideal has not yet or ever can be reached. but I believe that in respect of mothercraft in infancy at least, substantial improvement has taken place even within the past ten years.

Turning to the mortality figures, it is noted that there has been a slight fall in the mortality rate from 14·8 to 13·9, or 13·2 (standardised). The commonest causes of death were cancer (35 cases), an increase of ten compared with last year, coronary disease (32 cases), an increase of four from last year, heart disease (29 cases) and cerebral haemorrhage and thrombosis (26 cases), which show a drop of sixteen and two cases respectively compared with last year. Since all mankind must die sometime the numbers of people dying is of less importance than the age at which they die, and it will be noticed that out of 165 deaths in the year, death had been postponed in 109 cases till beyond the sixty-fifth year of life and in 49 of these cases till beyond the seventy-fifth year of life. Between 45 and 65 years of age, in which there were 46 deaths, the predominant causes of death were cancer and coronary disease. Improved methods of treating these ailments are the comfort of the many who suffer from them ; precise knowledge of their causes and hence how to prevent them is perhaps the greatest prize now waiting to be won in medicine. Of course mortality tables are no true reflection of the amount of illness, or shall we say lack of health, from which a community suffers. We all know that there is a vast amount of respiratory disease, bronchitis, asthma, catarrh, and the like, rheumatism, stress disorders, minor infectious disease, etc., which is prevalent in the cold, heavily industrialised, and smoke polluted valley in which we live and work. But we do not know exactly how much and because we have never seriously tried we do not know how much could be prevented. It may be speculated whether a solution to this state of affairs could be a large increase in the number of general medical practitioners, so that with fewer patients they would be required to record statistics relating to all illness, would take over all clinical duties at present undertaken by whole-time medical staffs of Health Departments and carry preventive practices including routine supervision into the homes of the people and the places of their work. This is perhaps a Utopian conception—it makes very many presuppositions such as changes in medical training, adequate remuneration, reorientation of the work of public health nursing staffs and the like. Financially it could be afforded out of economies in the national bill for medicines (£41·38 million in 1953, for 204·18 million prescriptions) and from the loss to the national income through illness both real and fancied, and in both cases often capable of prevention.

Apart from measles, of which there was a fairly heavy incidence during the first half of the year, the notifications of infectious disease were extremely light. For the eighth year in succession no case of diphtheria occurred and this is only mentioned to stress the importance of the continuous immunisation campaign in achieving this result. It can only be expected to continue if parents play their part in securing the immunisation of their children at an early age and reinforcement at periodic intervals throughout childhood. One finds it difficult to understand why in spite of all our efforts of education

and persuasion so many parents fail to have their children inoculated in infancy against whooping cough also, which, although it was only notified in three cases this year as compared with twenty-nine last year, will inevitably cause much needless illness and ill health unless a far greater proportion of children are immunised against it during infancy. Although Mirfield was fortunate to escape implication in the outbreak of Asiatic smallpox which prevailed in the West Riding of Yorkshire from February to the beginning of May, it caused much work and a fair amount of worry to the Health Department staff.

On the environmental aspects of our work you will see again the strenuous endeavours which are continually carried out to safeguard health and improve amenity. Milk supplies within the district have been tested regularly for purity, and it was necessary to issue a compulsory heat treatment order in the case of one supplier whose milk was found to contain tubercle bacilli. As from 1st January, 1954 under the appropriate legislation Mirfield becomes an area in which only tuberculin tested or heat treated milk may be sold. One more safeguard to the public health has been applied. The efficiency of the meat and food inspection can be judged from the figures of carcasses inspected at the bacon factory, the amount of meat condemned and the complete absence over the years of any evidence that diseased meat has been allowed to pass from the factory to the consumer.

The water supply in the Hopton and Sunnybank areas was again the subject of repeated complaint because of discolourisation and lack of pressure from time to time. The attention of the Huddersfield Corporation who supply the water in these areas has been repeatedly drawn to the matter and it is expected that when the new reservoir comes into operation in 1954 Mirfield consumers will be better served.

A welcome increase in housing provision took place during the year by the erection of sixty-six Council houses and four under private ownership. The opportunity was taken as convenient to secure demolition orders against twenty-one unfit houses and a further three houses were demolished by informal action. Although this is an encouraging start and Mirfield's slum problem is not unduly large, time is passing and we ought to be doing better than that. Nothing shakes my belief that the list of applications for Council houses comprises mainly those with a worthy desire for improved amenity rather than those living in the worst conditions, and I submit that it is to the latter that we owe a prior duty.

The White Paper which has been published relating to the Housing Repairs and Rents Act which is due to come into operation in 1954, indicates that we may well be at the beginning of another era of great social uplift, as significant perhaps as that which saw the end of the war and the introduction of the National Health Service, National Assistance and National Insurance Acts ; the sooner we begin to implement some of its intentions the quicker will the community benefit and the less difficulty there will be in the long run.

Of the so-called personal health services which are operated by the Department, reference to the body of the report will indicate their infinite variety and to those interested in the humanities their social and economic value will be readily apparent. What can not be shown in the report is the quality of the work, the human problems which are thrown up within the work, and the high degree of skill and training which is necessary in all those engaged in it. It is perhaps only apparent to us in the Department how greatly we depend upon help, co-operation, and support from our professional colleagues both in hospital and in general practice, and that it is so freely given is at once a great satisfaction to us and an immense benefit to the public. Where so many have been so helpful it is impossible to mention all, but I am glad particularly to mention the Headmasters and teachers in the schools who have been without exception tolerant and co-operative at all times throughout the year.

The section of the report relating to the work of the Sanitary Inspectors has been compiled by Mr. Johnson, the Chief Sanitary Inspector, to whom once again my thanks are due, as indeed to all members of the staff for loyal support and assistance in maintaining an integrated, happy, and as I believe, efficient Department during a somewhat trying year.

In conclusion, Mr. Chairman, may I thank you and the members of the Health Committee, for the interest which you have taken in the activities of the Health Department, and for the courteous and helpful attitude which you have adopted.

I am, Mr. Chairman and Gentlemen,

Your obedient servant,

W. M. DOUGLAS,

Medical Officer of Health and
Divisional Medical Officer.

MIRFIELD URBAN DISTRICT.

Area of district in acres at 1951 census	...	...	...	3,394
Population at 1951 census	...	...	...	11,884
Number of inhabited houses at 1951 census	...	...		4,038
Number of families or separate occupiers at 1951 census	...			3,957
Number of Rooms at 1951 census	...	...	...	15,645

Statistical Summary of the area for 1953 in comparison with 1952.

	1952	1953
Area of the district in acres	3,394	3,394
Estimated population (mid-year)	11,760	11,830
Average number of persons per acre	3.5	3.5
Estimated number of dwellinghouses (end of year)	4,317	4,380
Rateable value at 1st April	£55,726	£56,339
Product of Penny Rate (estimate)	£216	£217
Crude Death Rate per 1,000 estimated population	14.8	13.9
Comparability Factor	0.95	0.95
Standardised Death Rate	14.0	13.2
Birth Rate per 1,000 estimated population	16.7	12.8
Comparability Factor	0.99	0.99
Standardised Birth Rate	16.5	12.6
Still-birth Rate per 1,000 total live and still-births	39.2	13.1
Infant Mortality Rate per 1,000 live births	20.4	19.9
Maternal Mortality Rate	4.9	Nil

POPULATION AND SOCIAL CONDITIONS.

The population of the Urban District of Mirfield at the 1951 Census was 11,884, a decrease of 215 since the 1931 Census. The Registrar General's estimate of the population for the year 1953 is 11,830 and this figure is used throughout this report in calculating rates.

There are a number of important industries established in the district including woollen and cotton mills, maltsters, card makers, soap makers, oil extractors, brushmakers, cloth makers, card clothing manufacturers and building contractors. The District, however, cannot be said to be heavily industrialised, and there is ample open space and fine residential localities.

This was a year of full employment in the industries located in Mirfield—in fact vacancies existed in many factories for the employment of staff and recruitment was difficult. The small number of unemployed on the books of the Employment Exchange comprised almost entirely those who are unemployable through physical handicap.

These notes relating to employment have been compiled from information kindly supplied to me by the Manager of the Mirfield Employment Exchange.

VITAL STATISTICS FOR THE YEAR 1953.

Live Births. (Registered)

					Males	Females	Total
Legitimate	...	...	...	...	82	63	145
Illegitimate	...	...	...	...	3	3	6
Total					85	66	151

Birth rate per 1,000 estimated population : 12·8.

Live and Stillbirths Notified in the District.

Ward					Males	Females	Total
Battyeftord	...	...	...	...	9	2	11
Eastthorpe...	...	...	...	...	1	—	1
Hopton	...	...	...	...	1	1	2
Northorpe	...	...	...	...	6	3	9
					17	6	23
Crossley Maternity Home							380
Total							403
Births Transferable from District							288
							115

Births Transferable to the District.

(a) Staincliffe Hospital	...	...		21
(b) Other Institutions...	...	...		18

Total Net Births belonging to District 154

Stillbirths.

					Males	Females	Total
Legitimate	—	2	2
Illegitimate	—	—	—
Total					—	2	2

Stillbirth rate per 1,000 total live and still-births : 13·1.

The birth rate has shown a sharp downward trend from last year and is considerably lower than the average rate for the country and for the administrative county. The Registrar General supplies a "comparability factor." In the case of Mirfield, for births, this is 0·99, and multiplying our crude birth rate by this figure we obtain a standardised birth rate of 12·6, which would represent the birth rate for Mirfield if its population had the same age and sex constitution as that of the country as a whole.

Approximately 85% of all confinements took place in hospital or maternity homes, and this is substantially greater provision than is required on social or medical grounds. The reason for this is to be found almost entirely in the propinquity of Crossley Maternity Home, and of course the fact that general medical practitioners can attend their own patients in this Home under conditions of ideal convenience does not lead to the encouragement of domiciliary confinements.

Only two stillbirths were notified during the year giving a rate of 13·1 per thousand live and stillbirths. This is an exceptionally low figure and in the light of present medical knowledge neither could have been prevented. In both cases ante-natal care was carried out by general practitioners.

Deaths.

					Males	Females	Total
Total Deaths assigned to district					99	66	165
Deaths registered in the district							137
Deaths transferable to the district							37
Deaths transferable from the district							9
Death Rate per 1,000 estimated population							13·9
Standardised Death Rate							13·2
Deaths from puerperal causes							Nil
Deaths of Infants under 1 year :—							
					Males	Females	Total
Legitimate					—	3	3
Illegitimate					—	—	—
					—	3	3

There were 165 deaths assigned to the district giving a crude death rate of 13·9. The Registrar General's "comparability factor" for deaths is 0·95 and multiplying the crude death rate by this factor we obtain 13·2 which would represent the death rate for Mirfield if its population had the same age and sex constitution as that of the country as a whole. In this year therefore there was a natural decrease of 14 in the population. There was a sharp increase in the number of deaths from cancer and it is somewhat exceptional to find that there were more deaths in the age group 65 to 74 years than in the age group 75 years and over. The commonest causes of death were cancer, coronary disease, heart disease and vascular lesions of the nervous system.

Only three deaths occurred in infants under one year of age giving an infant mortality rate of 19·9 per thousand live births. Since each of these deaths was associated with congenital abnormality it must be assumed that this was a year which could not have been improved upon.

There were no deaths of mothers associated with child birth during the year.

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1953

	All Ages	Under 1 year	1—4	5—14	15—24	25—44	45—64	65—74	75 and Over	Males	Females	Deaths in Institutions
Tuberculosis respiratory ...	1						1				1	
Cancer	35					2	12	16	5	20	15	9
Diabetes	2						1	1		1	1	
Vascular Lesions of Nervous System	26			1		1	7	9	8	14	12	7
Coronary disease, angina ...	32						10	12	10	22	10	1
Hypertension with heart disease	8						4	3	1	6	2	1
Other heart disease	29						5	10	14	16	13	
Other circulatory disease ...	3						1	1	1	1	2	3
Pneumonia	2							2		2		2
Bronchitis	5						2	2	1	5		2
Other disease of respiratory system	2						1	1		1	1	1
Gastritis, enteritis & diarrhoea	1		1							1		1
Congenital Malformations ...	2	2								1	1	
Other defined & ill defined diseases	13	1				1	1	2	8	6	7	3
Motor vehicle accidents ...	1								1	1		
All other accidents	3			1			1	1		2	1	1
TOTAL—All causes ...	165	3	1	2		4	46	60	49	99	66	31

CAUSES OF INFANTILE MORTALITY IN MIRFIELD URBAN DISTRICT, 1953

Cause of Death	Under 1 day	1 day	2 days	3 days	4 days	5 days	6 days	7—13 days	14—20 days	21—28 days	28 days—2 months	3 months	4 months	5 months	6 months	7 months	8 months	9 months	10 months	11 months	12 months	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	In First Year
											1								1			1				
Congenital deformities ...											1											1				1
Broncho pneumonia— mongolism ...																		1				1				1
Atelectasis ...								1															1			1
TOTALS ...								1			1								1			2	1			3

PREMATURE INFANTS.

Domiciliary Confinements

Birth lbs.	Weight ozs.	No. of Infants	No. of Infants who survived		
			24 hours	2-7 days	1 month
5	3	1	1	1	1
Totals		1	1	1	1

Institutional Confinements

Birth lbs.	Weight ozs.	No. of Infants	No. of Infants who survived		
			24 hours	2-7 days	1 month
3	8	1	1	1	1
3	11	1	1	1	1
4	9	1	1	1	1
4	10	1	1	1	1
4	15	1	1	1	1
5	0	2	2	2	2
5	3	1	1	1	1
5	4	1	1	1	—
5	6	1	1	1	1
Totals		10	10	10	9

Birth Rates, Death Rates, Analysis of Mortality, Maternal Death Rate and Case Rates of Certain Infectious Diseases in 1953 compared with other areas.

	England and Wales	160 County Boroughs and Great Towns including London	160 Smaller Towns (Resident Pop. 25,000 to 50,000 at 1951 Census)	London Admin. County	Mirfield
Births	Rates per 1,000 Home Population				(12.6)*
Live births	15.5	17.0	15.7	17.5	12.8
Still births	0.35	0.43	0.34	0.38	0.17
	22.4(a)	24.8(a)	21.4(a)	21.0(a)	13.1(a)
					13.2*
Deaths					
All causes	11.4	12.2	11.3	12.5	13.9
Typhoid and Paratyphoid ...	0.00	0.00	—	—	—
Whooping Cough	0.01	0.01	0.00	0.00	—
Diphtheria	0.00	0.00	0.00	—	—
Tuberculosis	0.20	0.24	0.19	0.24	0.08
Influenza	0.16	0.15	0.17	0.15	—
Smallpox	0.00	0.00	0.00	—	—
Acute poliomyelitis (including polioencephalitis)	0.01	0.01	0.01	0.01	—
Pneumonia	0.55	0.59	0.52	0.64	0.17
Notifications (corrected)					
Typhoid fever	0.00	0.00	0.00	0.01	—
Paratyphoid fever	0.01	0.01	0.01	0.01	—
Meningococcal infection ...	0.03	0.04	0.03	0.03	—
Scarlet fever	1.39	1.50	1.44	1.02	0.34
Whooping cough	3.58	3.72	3.38	3.30	0.25
Diphtheria	0.01	0.01	0.01	0.00	—
Erysipelas	0.14	0.14	0.13	0.12	—
Smallpox	0.00	0.00	0.00	—	—
Measles	12.36	11.27	12.32	8.09	10.98
Pneumonia	0.84	0.92	0.76	0.73	0.42
Acute poliomyelitis (including polioencephalitis)					
Paralytic	0.07	0.06	0.06	0.07	0.17
Non-paralytic	0.04	0.03	0.04	0.03	0.08
Food Poisoning	0.24	0.25	0.24	0.38	—
Puerperal Pyrexia	18.23(a)	24.33(a)	12.46(a)	28.61(a)	12.99(a)
	Rates per 1,000 Live Births				
Deaths					
All causes under 1 year of age ...	26.8(b)	30.8	24.3	24.8	19.9
Enteritis and diarrhoea under 2 years of age	1.1	1.3	0.9	1.1	6.6
	Maternal Mortality in England & Wales				
	No. of Deaths	Rates per 1,000 Total (Live & Still) Births	Rates per million women aged 15—44		
Sepsis of pregnancy, childbirth and the puerperium	68	0.10	—		—
Abortion with toxæmia	7	0.01	1		—
Other toxæmias of pregnancy and the puerperium	166	0.24	—		—
Haemorrhage of pregnancy and childbirth	90	0.13	—		—
Abortion without mention of sepsis or toxæmia	30	0.04	3		—
Abortion with sepsis	39	0.06	4		—
Other complications of pregnancy, childbirth and the puerperium	125	0.18	—		—

*Standardised Rates.

(a) Per 1,000 Total (Live and Still) Births.

(b) Per 1,000 related live births.

DIPHTHERIA IMMUNISATION.

Diphtheria Immunisation is made available free of charge by arrangements made by the County Council with the general practitioners and through the Public Health Services. Arrangements are made to carry out immunisations at the Child Welfare and School Clinics in the area, and special sessions are held at the schools where sufficient numbers justify it. Approach is made to the parents of every child entering school for the first time and again when they reach the age of ten years in an attempt to raise and maintain the general level of immunity of the school population in particular against diphtheria.

The following tables show the amount of diphtheria immunisation carried out during the year and the total number of children immunised since 1945 :—

Primary Injections.

Period	Age at final injection							Total
	Under 1	1	2	3	4	5-9	10-14	
Six months ending 30th June, 1953	—	73	15	3	3	10	4	108
Six months ending 31st December, 1953	6	39	4	1	3	1	—	54
Totals for 1953	6	112	19	4	6	11	4	162

Re-inforcing Injections.

Period	Age at re-inforcing injection							Total
	Under 1	1	2	3	4	5-9	10-14	
Six months ending 30th June, 1953	—	—	—	—	3	93	4	100
Six months ending 31st December, 1953	—	—	—	—	—	7	3	10
Totals for 1953	—	—	—	—	3	100	7	110

Number of children immunised for the first time during each half-year.

	First half-year	Second half-year	Total
1947	32	80	112
1948	127	145	272
1949	69	52	121
1950	62	50	112
1951	106	3	109
1952	67	67	134
1953	108	54	162

“For some time it has been generally agreed that, because individual immunity tends to wane with the passage of time, an assessment of the extent to which a local population has been protected must take into account the proportion of children of each age who have received at some time or other a course of injections against diphtheria as well as the ages at which the courses were received. To achieve this, it is desirable to have a double classification of the immunisations already done, *i.e.*, by age at inoculation as well as by age attained.”

The above is an extract from Ministry of Health Circular 3/53 and in accordance with the request of the Ministry of Health, I give below the new table showing the numbers and percentages of children who have had a course of immunisation within the last five years separated from those who had a course of immunisation previously :—

Age at 31-12-53 <i>i.e.</i> , Born in year :	Under 1 1953	1—4 1952-1949	5—9 1948-1944	10—14 1943-1939	Under 15 Total
Last complete course of injections (whether primary or booster) A. 1949-1953	6 (4%)	477 (64%)	602 (61%)	262 (38%)	1347 (52%)
B. 1948 or earlier	—	—	338 (34%)	423 (62%)	761 (30%)

The Ministry’s circular quoted above goes on to say :—

“In interpreting this index it will have to be borne in mind that of children under one at the end of the year only one-third will have attained the age of eight months (when immunisations are normally given) and that, even if all of this group age 8 months and over were immunised the index among them would only be 33%. At age 10-14, where the proportion will be dependent upon booster inoculations having been given, this fact, and the existence of some residual protection from inoculations given more than five years previously, will have to be allowed for in deciding whether the immunity of the local population shown by the index is satisfactory.”

SMALLPOX VACCINATION.

Table showing Persons Vaccinated and Re-vaccinated during 1953.

Age at date of vaccination	Under 1	1	2-4	5-14	15 or over	Total
Number Vaccinated	37	64	43	175	139	458
Number Re-Vaccinated	—	—	2	26	125	153

The total number of vaccinations against smallpox carried out is much greater than an average year owing to apprehension among many people as a result of cases of smallpox which arose during the year in other textile districts of the West Riding.

WHOOPING COUGH IMMUNISATION.

Immunisation carried out during the year.

Age at final injection

Under 6 months ...	—
6 months to 1 year	64
1—2 years ...	20
2—3 years ...	10
3—4 years ...	2
	<hr/>
	96
	<hr/>

Immunisation in relation to Child Population.

Number of children at 31st December who had completed a course of immunisation at any time before that date.

Age at 31/12/53 i.e. born in year	Under 1 1953	1 1952	2 1951	3 1950	4 1949	5 1948	Total
Number immunised	8	78	31	13	6	4	140

INFECTIOUS DISEASES.

The incidence of minor infectious disease was low in Mirfield except for measles of which there was a fairly heavy incidence during the first half of the year. Chicken pox was also prevalent but is not notifiable in Mirfield and hence is not shown in the returns.

Of the three cases of poliomyelitis one was non-paralytic and completely recovered in a very short time. Another which showed early symptoms of paralysis was also of a very mild nature and also quickly made a full recovery, and the third case unfortunately was more severe and resulted in severe disability.

Although no case of smallpox occurred in a Mirfield resident the neighbouring district of Spenborough was to some extent implicated and certain repercussions were felt in Mirfield also. For this reason an account is given of the outbreak as it affected the Divisional Public Health staff.

A severe form of smallpox appeared in the Todmorden area of the West Riding of Yorkshire in February in an operative employed in a cotton factory. Other cases occurred in Todmorden, Halifax, Morley, Linthwaite, Leeds, Baildon and parts of Lancashire. The majority of these cases were transported by ambulance supplied from the West Riding Ambulance Depot at Oakroyd Hall, Birkenshaw to the Smallpox Hospital at Oakwell in Birstall, and throughout the period from February until the end of May constant supervision of the arrangements in connection with the Ambulance Service and the personnel of the Depot were necessary. In this the greatest help and co-operation were given by Mr. Whitaker, the County Ambulance Officer, to whom nothing seemed to be too much trouble and who carried out faithfully every suggestion which was made. A certain amount of surveillance was also necessary of nursing staffs resident in Spenborough and in the case of possible contacts in the Todmorden area.

On May 1st a young miner who worked at Gomersal Colliery fell ill suffering from headache and vomiting. He worked on the night shift at the Colliery but although unwell on the morning of Friday

1st May proceeded from Baildon by 'bus to Gomersal to collect his wages and returned home. He became more ill over the week-end and by the Tuesday he had been admitted to hospital as a suspected case of smallpox. This youth subsequently died of the disease.

Dr. Battersby, the Medical Officer of Health for Baildon, notified me as soon as suspicion was raised and the machinery for localising any possible spread and for tracing the source of the disease was set in motion. The position at that time was either that he might have contracted the disease from a work mate at the Colliery or alternately there was just the possibility that he may have infected some of his work mates. Consequently examination and surveillance of all employees at the Colliery was carried out for a period of fourteen days after the case and vaccination of all employees was also arranged. In these arrangements at the Colliery the medical staff of the National Coal Board were quick to offer their services and proved most helpful and co-operative throughout. In the event, in spite of most exhaustive investigations, no contact was ever established between this youth and any other known case of smallpox nor did any other cases occur among this boy's associates.

Although there were not wanting those prepared to raise a scare within the district either through ignorance or fear it was considered that only those employed at the Colliery and hence in contact with the patient, and their families, were in need of immediate protection by vaccination and of follow-up surveillance. This together with the many other administrative problems raised, threw a heavy strain upon the department, and I must record what a pleasure it was to work with a staff who threw personal considerations and convenience overboard at a time of some emergency, as, of course, was to be expected. I consistently resisted any promptings to hold public vaccination sessions and by and large the routine activities of the department were carried on unaltered throughout the period. Dr. Whitehead gave valuable assistance to the Medical Officer of Health of Todmorden in the early stages of the outbreak and this also threw some strain upon members of the department. However the experience which she had been afforded of this work subsequently proved of value in Spenborough.

CASES OF INFECTIOUS DISEASE
occurring in Mirfield Urban District classified according to Age Groups and Wards, 1953.

Disease	All Ages	Under 1 year	1 to 5 years	5 to 15 years	15 to 25 years	25 to 45 years	45 to 65 years	Over 65 years	Hopton	Battye- ford	East- thorpe	Nor- thorpe	Removed to Hospital
Scarlet Fever ...	4	—	2	2	—	—	—	—	1	1	—	2	—
Measles ...	130	1	75	53	—	1	—	—	35	21	34	40	2
Whooping Cough ...	3	—	2	1	—	—	—	—	—	3	—	—	—
Pneumonia ...	5	—	—	1	2	1	—	1	1	1	2	1	1
Puerperal Pyrexia ...	5	—	—	—	1	4	—	—	—	1	—	4	5
Ophthalmia Neonatorum	1	1	—	—	—	—	—	—	1	—	—	—	1
Poliomyelitis Paralytic	2	—	—	1	—	1	—	—	—	1	—	1	2
„ Non-Paralytic	1	—	—	1	—	—	—	—	—	1	—	—	—
TOTALS ...	151	2	79	59	3	7	—	1	38	29	36	48	11

CASES OF INFECTIOUS DISEASE
occurring in Mirfield Urban District classified according to Wards and Quarters, 1953.

Disease	Hopton				Battysford				Eastthorpe				Northorpe				Mirfield			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Scarlet Fever	1	—	—	—	1	—	—	—	—	—	—	—	1	1	—	—	3	1	—	—
Measles	22	11	2	—	13	4	4	—	30	4	—	—	20	16	4	—	85	35	10	—
Whooping Cough	—	—	—	—	2	—	1	—	—	—	—	—	—	—	—	—	2	—	1	—
Pneumonia	1	—	—	—	—	1	—	—	1	1	—	—	—	1	—	—	2	3	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	1	—	—	—	—	1	2	1	—	1	2	1	1
Ophthalmia Neonatorum	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Poliomyelitis Paralytic	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	2	—
Poliomyelitis Non-Paralytic	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
TOTALS	25	11	2	—	16	5	6	2	31	5	—	—	22	20	6	—	94	41	14	2

TUBERCULOSIS.

Fewer cases of pulmonary tuberculosis were notified this year than last (four this year as against seven last year). Nurse Smith, who carries out the duties of tuberculosis visiting both in Mirfield and Spenborough, has maintained the close co-operation which has always existed between the Public Health Department and the Consultant Chest Physician and Hospital staffs. There is little delay in this area in securing sanatorium treatment for patients and the social work and domiciliary visitation provided by the Public Health Service ensures as far as possible against spread of infection and the continuation in the home of any treatment advised. In addition to the many problems which have been dealt with through these services it has been possible with the co-operation of the Housing Committee to secure better living conditions in a number of cases.

The statistical details of Tuberculosis in Mirfield are as follows :—

	Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female
(a) Number of Cases on Register at commencement of year ...	39	21	6	15
(b) Number of Cases notified first time during the year ...	3	1	—	2
(c) Removals from other areas	1	—	—	—
(d) Number of Cases removed from the Register ...	2	3	2	2
(e) Number of Cases remaining on the Register ...	41	19	4	15

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—
10	—	—	—	—	—	—	—	—
15	—	—	—	—	—	—	—	—
20	—	—	—	1	1	—	—	—
25	—	—	—	1	—	—	—	—
35	2	1	—	—	—	—	—	—
45	1	—	—	—	—	1	—	—
55	—	—	—	—	—	—	—	—
64 and upwards	—	—	—	—	—	—	—	—
Totals	3	1	—	2	1	1	—	—

Seven notifications were received of admission of persons suffering from Tuberculosis to Sanatoria and six discharges.

The following are the institutions to which tuberculosis patients were admitted :—

	Admissions	Discharges
Whitley Grange, Dewsbury	2	1
Scotton Banks, Knaresborough	2	2
Killingbeck Hospital, Leeds	1	1
Seacroft Hospital, Leeds	—	1
The Hospital, Middleton, Ilkley	1	1
Brompton Hospital Sanatorium, Aldershot	1	—
	<hr/>	<hr/>
Totals	7	6
	<hr/>	<hr/>

MENTAL HEALTH SERVICES.

Supervision of certified mental deficiency cases in the area has been carried out by Mrs. de la Cour in addition to her duties in connection with after-care and social work relating to persons suffering from mental illness. Her strenuous efforts to secure employment or placement in Occupation Centres have met with a considerable degree of success, and the general medical practitioners of the area have been at all times most helpful and co-operative in this work which is of real value both to the unfortunate individual and to the community. I believe, however, that opportunity exists for considerable extension of this work in relation to mental illness but in this development one is greatly dependant upon the requirements of the hospital staffs.

Mental Deficiency Statistics.

	Males	Females	Total
1. Number of defectives on register :			
(a) at home	7	4	11
(b) in institutions	4	2	6
	<hr/>	<hr/>	<hr/>
	11	6	17
	<hr/>	<hr/>	<hr/>
2. Number of defectives under supervision at home :			
(a) Statutory Supervision	6	3	9
(b) Voluntary Supervision	—	1	1
(c) On licence from institutions	1	—	1
	<hr/>	<hr/>	<hr/>
Total under supervision	7	4	11
	<hr/>	<hr/>	<hr/>
3. Number of defectives in gainful employment	1	1	2
(b) Number attending occupation centres	1	1	2
(c) Number receiving home teaching	—	2	2
(d) Number awaiting admission to Institution	1	—	1
	<hr/>	<hr/>	<hr/>
Totals	3	4	7
	<hr/>	<hr/>	<hr/>

4. Placed under supervision in 1953	...	—	—	—
5. Placed under guardianship in 1953	...	—	—	—
6. Admitted to institutions in 1953	...	—	—	—
7. Admitted to occupation centres 1953	...	—	—	—
8. Visits paid during 1953 :—				
(a) To cases on Licence	... ..	4	—	4
(b) To Cases under Statutory Supervision	... ..	48	41	89
(c) To cases under Voluntary Supervision	... ..	1	4	5
(d) For home reports for institutions		5	—	5
Total visits		58	45	103

No. of cases receiving Home Teaching 1/1/53	1	2	3
No. of new cases during year	—	—	—
Home teaching discontinued	1	—	1
No. of cases receiving Home Teaching 31/12/53	—	2	2
No. of visits paid during year	13	30	43

Mental Illness Statistics.

	Males	Females	Total
No. of cases receiving After-care at 1st Jan., 1953	1	3	4
New cases during year	4	9	13
	5	12	17
No. of cases taken off After-care register during the year	4	7	11
No. of cases receiving After-care at 31st December, 1953	1	5	6
No. of visits made to patients during 1953	19	31	50
No. of reports on home conditions requested by, and forwarded to mental hospitals	—	—	—

HOME NURSING SERVICE.

Heavy demand continued to be made throughout the year upon the domiciliary nursing service and this was complicated by the illness of one of the two nurses normally engaged on these duties in Mirfield. Fortunately it was possible to arrange for a certain amount of the work to be undertaken by the nurses normally employed in the Spenborough area and at a later stage it became possible to separate the work of domiciliary midwifery from that of home nursing. This together with the appointment of a relief home nurse on the divisional staff which has been requested should bring about an improvement in the service and enable it to cope with the expected increase in demand. So far as the nursing treatment of patients is concerned the domiciliary nurses work under the directions of the general medical practitioners and no difficulties of any magnitude have arisen during the year in spite of staffing difficulties from time to time. It must be realised that to some extent the nature of home nursing care is changing, with larger numbers of "long term" or chronic cases whose nursing care involves heavy physical work as well as professional skill. This factor is to be taken into consideration together with the statistical returns in assessing the domiciliary nursing needs of an area.

1. No. of cases visited during 1953—

(a) Medical cases	...	...	...	...	...	...	103
(b) Surgical	...	...	...	...	...	...	46
(c) Infectious diseases	...	...	...	...	...	...	—
(d) Tuberculosis	...	...	...	...	...	...	8
(e) Maternal complications	...	...	...	...	...	...	1
Total							158

2. No. of visits paid during 1953 to—

(a) Medical cases	...	...	...	...	...	...	2,084
(b) Surgical cases	...	...	...	...	...	...	1,435
(c) Infectious diseases	...	...	...	...	...	...	—
(d) Tuberculosis	...	...	...	...	...	...	224
(e) Maternal complications	...	...	...	...	...	...	9
Total visits paid							3,752

MIDWIFERY.

As has already been pointed out a very small proportion of confinements in Mirfield is carried out in the home and during the year the district midwives undertook 24 such cases. In spite of this, however, the midwives have extended their influence to ante-natal work and have visited the homes of patients who had booked hospital accommodation for their confinements. In addition they attended the ante-natal clinics where they were able to discuss their patients with the Medical Officer present. Gas and air analgesia was administered by the domiciliary midwives in 19 cases and pethedine was administered in 17 cases.

Confinement in the home where conditions are suitable is today as convenient, as safe, and at least as painless, as it is in any hospital and many will assert that it is better for the mother, for her newborn child, and for the other children of the family. The continued fall in the number of domiciliary confinements will inevitably lead to reductions in the number of midwives employed in the district, and this will make the maintenance of an efficient domiciliary midwifery service a matter of some difficulty.

Details are given of the work done by the District Midwives during the year :—

(a)

Details of Deliveries				Total No. of Cases
Dr. Not Booked		Dr. Booked		
Present	Not Present	Present	Not Present	
—	6	1	17	24

(b) Ante-natal visits	...	...	...	...	294
(c) Post-natal visits	...	...	...	...	373
(d) No. of cases receiving Gas & Air Analgesia					19
(e) No. of cases receiving Pethedine	...	...	...	...	17

The midwives sought medical aid on only 2 occasions, details of which are given below :—

(i) Pregnancy	Nil
(ii) Labour	1
(iii) Lying-in	Nil
(iv) The child	1

Labour.

Ruptured perineum	1
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The Child.

Discharging Eyes	1
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ANTE-NATAL CLINICS.

Attendances at the ante-natal clinic throughout the year again dropped considerably and not alone due to the fall in birth rate. Mirfield is not alone in this experience, many other areas having recorded similar results. Approximately 25% of the expectant mothers received their ante-natal care at the clinic.

Excellent co-operation has been established with the general practitioners in the area, and with the patient's consent her first attendance at the Clinic is notified to her own doctor where this has not already been done. Patients are also encouraged to attend their own doctors on at least two occasions during the ante-natal period. The proportion of expectant mothers attending an ante-natal clinic would increase if more of them could be brought to understand the value of the educative advice which is given by the doctors and midwives and health visitors who are in attendance at the Clinic and who will in part be responsible for the supervision of the health of the children after birth. In addition to the routine medical procedures, instruction is given in the hygiene of pregnancy, preparation for breast feeding, and on suitable diets. Classes are held on relaxation techniques and ante-natal exercises which serve to bring the expectant mother up to her confinement well adjusted mentally and physically to the experience she is about to undergo. Enquiries which I have made both from the domiciliary midwives and general practitioners and from Crossley Maternity Home leave me in no doubt of the value of these classes, and they are greatly to be encouraged. I am afraid that in medicine too often the psychological changes, the doubts and the fears which occur in pregnant women are overlooked, the emphasis being often entirely on physical care.

Ante-Natal.	1952	1953
No. of women who attended during the year	68	38
No. of women attending for the first time ...	39	27
Total No. of attendances	252	193

Post-Natal.		
No. of women who attended during the year	6	9
No. of women attending for first time ...	6	9
Total No. of attendances	7	9

BREAST FEEDING.

A survey was carried out of the incidence and duration of breast feeding of infants in the area with particular reference to the reason for the abandonment of breast feeding within the first two weeks of life, *i.e.*, before the initial visit of the Health Visitor. 147 cases were investigated and the following facts emerged.

Artificial feeding had been commenced in 31 cases by the end of the second week of life representing 21·1% of the total, and the reasons for this were as follows :—

Lactation failed	...	...	...	...	6
Lactation Poor	...	...	...	...	9
Lactation not established			...	...	10
Defective nipples or breast abscess				...	1
Own Doctor's advice	...	...	...	...	2
Prematurity	...	...	...	...	2
Illness of Mother	...	...	...	...	1

From this point the incidence of breast feeding declined as follows :—

Age groups (in weeks)	Number artificially fed.	Percentage
2—3	65	44·2
3—4	74	50·3
4—8	100	68·0
8—12	113	77·0
12—20	121	82·3
20—24	125	85·0

It is a sobering thought that with all our Public Health Services and with all the attempts which are made to educate mothers in the upbringing of their children almost half of all the babies born are “on the bottle” by the time they are four weeks old ; and yet every enquiry ever conducted has shown conclusively that the general health of breast fed babies, including freedom from infection, is greatly superior on average to those who are artificially fed. Nor can there be much doubt of the psychological advantages both to mother and child arising out of breast feeding.

CHILD WELFARE SERVICE.

Health Visiting.

The figures of home visits paid by the health visiting staff during the year have been well maintained and while the greatest emphasis has been placed on visits to the homes of infants in their earliest months it is gratifying to know that a good deal of attention has also been given to the supervision of the pre-school child. These domiciliary visits by nurses trained in the work of parentcraft and health education are perhaps the corner-stone of preventive medicine. They are, of course, only a part of the many duties which are undertaken by the health visitor/school nurse, and it says much for the quality of their work and for their tact and personal approach that so few difficulties have arisen in regard to co-operation with general practitioners. This co-operation and mutual regard has been developing steadily and given time, tolerance, and full appreciation that they are all working to the same end, *i.e.*, the better health of the community, it will progress still further.,

Number of visits paid during year :—

					1952	1953
(a)	To expectant mothers :—					
	(i)	First visits	...	...	42	30
	(ii)	Total visits	...	...	86	54
(b)	To children under 1 year of age :—					
	(i)	First visits	...	...	197	141
	(ii)	Total visits	...	...	3,456	2,758
(c)	To children between the ages of one and five years :—					
	(i)	Total visits	...	...	808	1,088
(d)	To other classes :—					
	(i)	Total visits	...	...	633	919

Child Welfare Centre.

The Child Welfare Clinic was again well patronised during the year and there was some increase in the figures of attendances as compared with last year. When the figures of these attendances are read in conjunction with those for domiciliary visitation it will be seen what an opportunity there is for every parent to get the advice and help in relation to the upbringing of their children and their family problems which is required in most households from time to time. Dried milk, dietary supplements and other suitable infant foods have continued to be sold at the clinic throughout the year.

Number of children who first attended the clinic during the year and who at the date of their first attendance were under 1 year of age	76
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Number of children who attended during the year and who were born in :—

1953	61
1952	...	...	...	...	...	...	...	80
1951-1948	...	...	...	...	...	...	...	33
Total								174

Number of attendances during the year made by children who at the date of attendance were :—

Under 1 year	...	...	...	...	...	...	833
1, but under 2	98
2, but under 5	233
							<hr/>
Total	1154
							<hr/> <hr/>

Number of medical consultations	578
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CONVALESCENT HOME TREATMENT.

Under Section 28 of the National Health Service Act, 1946, the County Council is empowered to provide convalescent home treatment. General practitioners recommend those who are in need of this service and during the year eleven Mirfield residents were admitted to Convalescent Homes. Details of these eleven patients are given below :—

Sydney House, Abergele	...	...	...	...	...	2
Ormerod Convalescent Home, St. Annes-on-Sea	...	...	...	...	...	1
West Hill Convalescent Home, Southport	...	...	...	...	...	2
Craig Convalescent Home, Bare, Morecambe	...	...	...	...	...	2
Spoffarth Hall	...	...	...	...	...	3
Men's Convalescent Home, Rhyl	...	...	...	...	...	1

HOME HELP SERVICE.

Once again a further expansion took place in the Home Help Service during the year. Compared with last year 20 more cases received help and 3,500 more hours were worked in providing help. It is noticeable too that the types of cases helped are more and more the chronic sick and infirm, which is as it should be. These are often very long term cases and there is no doubt that the Home Help Scheme has done and is doing a very great deal to improve the lot of a considerable proportion of elderly people in the community. Indeed, in a good number of cases it would be quite impossible for some of these people to remain at home in the absence of such a Service. The people of Mirfield are not lacking in the good neighbour spirit but it is easy to make too great demands on good neighbours and on relatives, and I would say that rather than replacing this voluntary effort the Home Help Service is bolstering it up and encouraging its continuance.

During the year more than fifty Home Helps were employed on a part-time basis and we have been on the whole extremely fortunate in the qualities displayed by the majority of this staff. Where so many loopholes are bound to exist it is surprising there have been so few complaints and much of the credit for this must go to Nurse Day, the Senior Health Visitor, who is largely responsible for the detailed arrangements which are made.

The following figures show the number and types of cases provided with Home Help in the Mirfield area during the year, the total hours worked at the various types of cases and the allocation of these hours on a percentage basis :

Reason for Provision	No. of Cases	Hours worked	Percentage
Maternity	5	368	3.1
Tuberculosis	—	—	—
Chronic Sick & Infirm	57	10047	84.2
Others	11	1522	12.7
Totals ...	73	11937	100

SCHOOL HEALTH SERVICE.

The following section shows statistically something of the amount of work carried out in connection with the supervision and care of the health of the school children in Mirfield, and records some of the facts observed.

The general physical condition of children has improved so strikingly during the past fifty years that the problems confronting us now are not so much those requiring correction in the mass as an infinite variety in small numbers of individual problems. Even the problem of louse infestation appears greater than it is. There are comparatively few persistent offenders, the reservoir of infection in these cases usually being in the home rather than in the school. In the majority of the instances of infestation detected it is of recent and minimal nature and even if undetected would probably have yielded to the routine home care of the parents. Of the individual problems the assessment, disposal and supervision of the handicapped child is perhaps the most important aspect of school medicine. This is indeed rewarding and interesting work and will inevitably progress still further as new discoveries arise and facilities for specialised education become more readily available.

Among the most difficult cases to deal with are those of what for want of a better term, I can only describe as parental mismanagement. This on its own produces all degrees of difficulty for the child from the babyish illmannered pest through the unhappy and frustrated to the frankly maladjusted and delinquent. Over indulgence and over protection produce more trouble and are much more common than undue strictness. There is seldom a completely happy atmosphere in the home where there is no discipline and where respect for the rights and possessions of others is not inculcated from an early age. While it is only the most marked cases which at present reach the child guidance clinic its benefit is great, and there is unhappily obvious need of the extension of this service and perhaps also for even more emphasis on this type of work in the training of health visitors.

On the question of health education it is surely logical to believe that basic instruction in the precepts of healthy living and good parentcraft should be taught systematically during school life. After the pupil leaves school this important education too often depends on the magazine press, relatives, parents, and acquaintances who are not always, one might almost say seldom, in a position to impart sound advice in an objective and acceptable manner. The lectures which the health visitors give to senior girls at the Secondary Modern School have continued during the year, and I have included in the report the draft syllabus upon which they work. Several parents have expressed their appreciation of this work, and I believe it to be well worth while. I think that in this regard time will bring extension also.

For the rest the value of the school medical service can scarcely be doubted. I am among those, who believe that because of the improved physical conditions, the provisions of the Welfare State and the implications of the social advancement which has taken place in the community, new techniques could well be tried in regard to the routine Medical Inspections and the general supervision of the health of individual school populations. These, however, are matters of controversy and I express a personal view.

It is greatly to be regretted that the County Council have not yet been able to provide a School Dental Service for children attending Mirfield schools.

Total number of children examined at Routine Medical Inspections.							
Entrants	...	...	...	...	...	...	230
Intermediates	...	...	...	...	...	...	152
Leavers	...	...	...	...	...	...	142
Total							507

Total number of children who have been re-examined for follow-up defects							104
--	--	--	--	--	--	--	-----

Standards of physical development classified into age groups :—

Age Group	Physical Condition Above Average	Physical Condition Average	Physical Condition Poor
Entrants	74	139	—
Intermediates	61	91	—
Leavers	63	79	—
Totals	198	309	—

Percentages.

Age Group	Physical Condition Above Average	Physical Condition Average	Physical Condition Poor
Entrants	34·7	65·3	—
Intermediates	40·1	59·9	—
Leavers	44·4	55·6	—
Totals	39·0	61·0	—

During the year 64 free issues of dietary supplements in the form of iron tonics were made to school children where recommended by the School Medical Officer.

The following table shows the type of defects discovered at the Routine School Medical Inspections classified according to age groups :—

Defects Table.

Defects	Recommended for Treatment			Recommended for Observation			Totals
	Entrants	Inter-mediate	Leavers	Entrants	Inter-mediate	Leavers	
Skin	9	1	4	1	—	—	15
Ears :							
(a) Hearing ...	1	—	—	1	1	—	3
(b) Otitis Media	1	—	1	1	—	—	3
(c) Other ...	2	—	—	1	—	—	3
Nose and Throat	9	—	1	20	3	1	34
Speech	—	—	1	1	—	1	3
Cervical Glands ...	5	—	—	8	1	—	14
Heart and Circulation ...	2	—	—	—	—	1	3
Lungs	4	1	—	3	—	1	9
Developmental :							
(a) Hernia ...	—	—	—	—	—	—	—
(b) Other ...	1	—	—	1	—	—	2
Orthopaedic :							
(a) Posture ...	1	—	1	1	—	—	3
(b) Flat foot ...	2	2	3	2	1	—	10
(c) Other ...	10	7	11	4	3	—	35
Nervous System :							
(a) Epilepsy	—	—	—	—	—	—	—
(b) Other	—	—	—	2	—	—	2
Psychological							
(a) Development	1	3	—	1	1	—	6
(b) Stability	—	—	—	3	1	—	4
Other Defects ...	6	5	2	—	8	2	23
Totals ...	54	19	24	50	19	6	172

Special Examinations.

In accordance with the requirements of the Education Act, 1944 a number of children have been referred by the Education Authority which has necessitated the arrangement of special examinations. During the year fifteen children were examined, involving eighteen examinations altogether. No recommendations for special educational facilities were made and there were no admissions to or discharges from Special Schools.

The following table shows the number of children from Mirfield receiving, and those awaiting, education in special schools at 31st December, 1953 :—

Type of School	No. of children receiving special education	No. of children waiting special education
School for the partially sighted	1	—
School for the deaf	1	—
Open air school for delicate pupils ...	1	—
School for the physically handicapped ...	2	—
School for educationally subnormal pupils	1	4

EYES.

The eyes of all children attending school are tested at school by the school nurses each year, and those whose vision is worse than 6/9 Snellin in one eye are referred for further examination by the Ophthalmologist who attends the clinic at Ings Grove as the need arises. This ensures the quick treatment of defective vision and has its preventive aspect in the preservation of good eyesight. During the year there has been no delay in the provision of spectacles.

The following statistics give details of the cases examined :—

Number of children examined for the first time	...	61
Number of re-examinations	... ..	205
Total number of attendances	... ..	266
Number of sessions held during the year	... ..	21
Number for whom spectacles were prescribed	... ..	79
Number referred for other treatment	... ..	12
Number referred for operative treatment	... ..	7

MINOR AILMENTS

Minor ailments are treated by the nurses both at the clinics and in the schools. The following table gives details of such treatments during 1953 :—

Minor Ailment	No. treated
Skin :	
Ringworm—body	...
Scabies	...
Impetigo	...
Other skin diseases	...
Eye Disease :	
(External and other, but excluding squint, errors of refraction and cases admitted to hospital).	5
Ear Defects :	
Otitis media	...
Otorrhoea	...
Other	...
Miscellaneous	...
(e.g., minor injuries, bruises, sores, chilblains, etc.)	
Total	1,022
Total number of attendances at Authority's Minor Ailment Clinics	1,080

ULTRA VIOLET LIGHT CLINIC.

The Ultra Violet Light Clinic continued to be held during the year at Ings Grove Clinic. Cases attended twice weekly for an initial period of six weeks, after which they were re-examined by the doctor and the necessity for a continuation of treatment decided. The following table gives details of attendances and the types of cases treated :—

Total No. of sessions held	...	...	...	...	80
No. of sessions held weekly	...	...	...	...	2
No. of cases treated	...	...	...	...	130
No. of treatments	...	...	...	...	1229
Average number of attendances per session	...	...	...	...	15
Average length of course of treatment	...	...	...	...	5 weeks
No. on register at end of year	...	...	...	...	30
Details of cases treated :					
Debility following pneumonia	...	...	...	...	2
Debility following measles	...	...	...	...	3
Debility following whooping cough	...	...	...	...	10
Anaemia and general debility	...	...	...	...	30
Chest Complaints :					
(a) Bronchitis	...	...	...	...	26
(b) Bronchiectasis	...	...	...	...	2
(c) Asthma	...	...	...	...	5
(d) Frequent catarrhal colds	...	...	...	...	26
Chronic catarrh	...	...	...	...	4
Enlarged glands	...	...	...	...	2
Poor Muscular development	...	...	...	...	2
Otorrhoea	...	...	...	...	4
Skin Diseases :					
(a) Infantile Eczema	...	...	...	...	3
(b) Chilblains	...	...	...	...	5
(c) Boils	...	...	...	...	5
Re-current Tonsillitis	...	...	...	...	1
					130

SPEECH THERAPY.

The Speech Therapist continued to hold one half-day session every week at the Ings Grove Clinic. Cases are referred to her mainly from the School Medical Inspections and by the Head Teachers of Schools and I give below details of attendances at this Clinic.

Total number of sessions held during year	44
	Speech Defects
No. of Cases already attending Clinic...	5
Number of new cases admitted for treatment during the year... ..	1
Total number of cases treated ...	6
Number of cases discharged during year :	
(a) Speech normal	2
(b) Unsuitable for treatment ...	—
(c) Left School	—
(d) By reason of non-attendance ...	—
Number of cases attending at end of year	4

CONSULTANT PAEDIATRIC CLINIC.

Dr. M. F. G. Buchanan of the Department of Child Health, Leeds University, attended the Elm Bank Clinic, Cleckheaton and on two occasions the Ings Grove Clinic, Mirfield in a consultant capacity and during the year he held 24 sessions. Cases from the Divisional area were referred to him both from the Assistant County Medical Officers and from general practitioners in the area.

I give below details of attendances and the types of cases seen :—						
No. of sessions held during the year						24
No. of individual patients seen :						
(a) Pre-school children						4
(b) School children						62
Total number of attendances						124
No. of children admitted to hospital						16
Types of case seen :						
(a) Enuresis						34
(b) Obesity						8
(c) Heart Defects						3
(d) Epilepsy						2
(e) Cerebral palsy						2
(f) Chest defect						1
(g) Lung defect						5
(h) Miscellaneous						11
						66
					Total	

CHILD GUIDANCE CLINIC.

Dr. M. M. MacTaggart, the County Psychologist, continued to hold her clinic once a week at Ings Grove, Mirfield. Children attending this clinic come not only from Mirfield and Spenborough but also from neighbouring Divisions. The figures given below relate, however, only to children from Spenborough and Mirfield.

					Boys	Girls	Total
1.	No. of new cases seen during year	...	...	...	4	6	10
2.	No. of cases continuing attendance from previous year	...	...	...	—	8	8
3.	Total number of cases seen during year	...	...	...	4	14	18
4.	Total number of attendances made during the year for—						
	(a) individual interview	...	...	...	12	29	41
	(b) group therapy	...	...	...	3	100	103
5.	No. of cases recommended for residential treatment in—						
	(a) Hostel for Maladjusted Children	...	...	...	—	—	—
	(b) E.S.N. Special School	...	...	...	—	—	—
	(c) Open Air Residential Schools	...	...	...	—	1	1
6.	No. of cases referred for psychiatric opinion—						
	(a) child	...	...	...	—	—	—
	(b) parent	...	...	...	—	—	—
7.	No. of cases examined at the particular request of the Magistrates	...	...	...	—	—	—
8.	Types of problem for which cases were referred to Child Guidance Clinic—						
	(a) Behaviour	...	...	...	2	10	12
	(b) Delinquency	...	...	...	1	—	1
	(c) Nervous problems	...	...	...	1	3	4
	(d) Enuresis	...	...	...	—	—	—

ORTHOPAEDIC TREATMENT.

Children referred for orthopaedic advice continued to attend the out-patient department at Staincliffe General Hospital. The defects were in general only of a minor nature, *e.g.*, flat feet, knock knee, etc., and details of cases attending during the year are as follows :—

New cases referred during the year	...	...	...	2
Number attending for re-examination	...	...	...	7
Total attendances	...	...	...	10
Number receiving treatment	...	...	...	4
Number of appliances supplied	...	...	...	—

PHYSIOTHERAPIST.

The Physiotherapist continues to attend in Mirfield for one half-day session each week, and during the year 46 half-day sessions were held. The following table shows details of attendance and types and numbers of defects referred :—

No. of children on register 1st January, 1953	...	...	10
No. of children referred for treatment	...	...	15
Total number of attendances	...	...	341
Total number of treatments	...	...	360
No. of children discharged	...	...	4
Treatments refused	...	...	4
No. of children on register 31st December, 1953	...	...	17

Defect.	Number.
Asthma	4
Bronchiectasis	1
Bronchitis	1
Postural	6
Flat feet	3
Chest	1
For Breathing Exercises	9
	<hr/>
	25
	<hr/>

Chiropody.

49 half-day sessions were held by the Chiropodist at Mirfield Clinic during 1953. A total of 262 cases was seen by the Chiropodist. The 262 cases seen made 668 attendances and the following table gives the types and numbers of conditions treated :—

Defects			No.	Defects			No.
Hallux Valgus	...	...	26	Under/Overlapping Toes	...	...	42
Hammer Toes	...	...	18	Corns & Callus	...	...	26
Metatarralgia	...	...	6	Verruca	...	...	48
Nail Conditions	...	...	32	Pes Cavus	...	...	3
Weak Foot	...	...	19	Chilblains	...	...	18

Cleanliness Inspections.

Three routine inspections were carried out at each school by the school nurses and a total of 4,371 inspections and re-inspections was carried out. In 238 instances infestation was detected and this involved 181 individual children, the condition of some of the children being unsatisfactory on more than one occasion. It should be pointed out that in the majority of cases the degree of infestation is extremely light.

The remedial procedure adopted on the discovery of these defects is to notify the parents informally in the first instance, visiting if necessary to give advice on the methods of dealing with infestation. If cure is not effected the nurse visits the home and interviews the parents, and finally, if it is evident that insufficient care is being exercised, the Statutory Notice under the Education Act, 1944, is sent requiring the child to be cleansed to the satisfaction of the Medical Officer or of the person appointed by him for that purpose within 48 hours. No Statutory Notices were issued during the year.

HEALTH TALKS GIVEN TO SENIOR GIRLS AT THE SECONDARY MODERN SCHOOLS.

The syllabus deals in the main with physiology and development, life experiences and fundamental health principles in the period from conception to adolescence.

The Objectives.

1. To train the girls to take an intelligent and informed interest in the everyday matters pertaining to health which are familiar to most of them, *e.g.*, in diet, personal hygiene, exercise, rest and clothing.
2. To instruct them in basic health principles relating to the care of infants and young children and their day to day management. To give them interest in the management and development of others within their own homes or neighbourhood, and as some slight preparation for future motherhood.
3. To impart knowledge of the physiological changes concerned with menstruation and conception and their significance. Personal care during these incidents.
4. To indicate common causes of illness in infancy and childhood. The significance of such illness and measures taken for prevention.
5. Incidence and types of accidents in the home, their causes, methods of prevention and minor first aid treatment.
6. To impart knowledge concerning Health Services available to the public.

First Term :

1. Introduction to Parentcraft. What makes good parents and homes. Explain briefly the scope of the talks to the girls. Elementary facts about babies and their normal development.
- 2.) How to dress a baby—Demonstrate dressing and undressing.
- 3.) Layette—types of garments. Show good and bad clothing. Washing woollies and napkins. Show samples of different types of materials used for making baby clothes and discuss briefly the advantages and disadvantages of each.
- 4) How to bath a baby. Talk and demonstrate.
- 5.) Why we wash baby's head and face first—Emphasise that baby's mouth does not need washing. Special emphasis on drying the creases—powder not necessary. Correct way to make up baby's cot—position in bedroom. Why baby should not sleep with parents.

6. The feeding of a baby—particular reference to breast feeding—make girls realise that breast feeding must be really tried before any other food is thought of—Right and wrong places to seek advice.
Advantages of Health Visitors and Infant Welfare Clinics.
7. Preparation for breast feeding and Ante-Natal Care.
Health of the mother—clothing, food, fresh air, rest, sleep and exercise.
Advantages of Ante-Natal Clinics and Ante-Natal classes.
8. Menstruation and Female reproductive organs. Why girls have a menstrual period and what really happens when menstruation takes place. Hygiene of menstruation.
Bathing, etc., during a period—need of cleanliness.
9. Male reproductive organs. Where the male sperm cell is made. Life begins from the union of a male and female egg cell.
Brief explanation to girls—pointing out that intercourse must only take place after marriage. Sanctity of human body.
- 10) Growth of the baby in the uterus and the birth of the baby.
- 11) Film strip “Human reproduction.”
Discussion with girls.
For the rest of the term revise previous lectures—quizzing, etc.

Second Term.

1. Revise briefly the early development of the baby up to six months. Discuss the general management of the child—Regular hours—Use of prams—Rest for mother during the day. Walks in country not towns. Play before evening meal. Precautions against accidents.
- 2) How to maintain a child's health.
- 3) Fresh air. Sunlight. Rest and sleep.
- 4) Cleanliness. Exercise. Excretion.
5. Weaning—mention bottle feeding, cleanliness in preparing feeds, care of teats and bottles.
Dummy.
- 6) Illnesses which young babies may have.
- 7) Teething troubles. Gastro-enteritis.
Stomatitis. Colds. Bronchitis. Pneumonia.
9. Vaccination and Immunisation.
Smallpox. Diphtheria. Whooping Cough.

10. Development of a child up to 5 years.
Teeth. Speech. Mental and Physical development.
Toys. Diet. Deficiency diseases.
11. Clothing for toddlers. Winter and Summer.
Show good and bad clothes and shoes.
12. Habit and character training.
13. General revision of the term's work.

Third Term.

1. Starting school and School Medical Services.
School Medical Inspections.
Services the school medical services can offer under the Education Act.
- 2) Infection and how it is carried.
- 3) Diseases school children are likely to develop.
Colds. Measles German Measles. Chicken Pox.
Mumps. Whooping Cough. Scarlet Fever. Tonsillitis.
Brief description of the early signs and symptoms of these diseases and the general nursing care.
- 4) How to keep a school child healthy.
- 5) Clothing. Exercise. Fresh Air, etc.
- 6) Care of Skin (Impetigo. Heat spots. Acne).
 „ Teeth (Illustrate with demonstration material from
 Clinic.).
 „ Hair (Infestation. D.D.T. and Sacker comb).
 „ Feet (Shoes—corns, veruccae, etc.).
Rest and sleep.
- 7) How the Body works.
- 8) Skeleton.
- 9) Central nervous system.
Heart and circulation of blood.
Respiratory system.
Digestion of Food.
10. Nursing in the home and practical nursing hints.
- 11) Family medicine cupboard. What to do in an emergency.
- 12) Burns and scalds. Application of dressings. Bandaging.

The section of the report which follows, relating to the Sanitary Circumstances of the area and the work of the Sanitary Inspectors, has been compiled by Mr. H. H. Johnson, Chief Sanitary Inspector.

SANITARY CIRCUMSTANCES OF THE AREA.

Sanitary Conveniences.

The position existing at the year ending 1953 is as follows :—

Closet Accommodation.	1953
Number of Privies	139
„ Privy Middens	82
„ Water Closets	4,466
„ Waste Water Closets	22
„ Pail Closets	64

Number of Water Closets provided during the year is as follows :

By conversion of Privies to Water Closets	1
By provision of extra closet accommodation to existing property where insufficient	10
By provision to new property	71
By conversion of Waste Closets to W.C's.	—
By conversion of Tub Closets to W.C's.	—
Total	82

Conversion of Privies to Chemical Closets	1
No. of Chemical Closets Provided	2
Number of Dry Ashpits	6
Number of Dust Bins	4,083

Ward	Privies	W.C.	Waste W.C.	Pail Closets	Bins
Eastthorpe Ward ...	10	1087	10	2	977
Hopton Ward ...	56	692	2	38	782
Battyeftord Ward ...	31	1575	10	14	1238
Northorpe Ward ...	42	1112	—	10	1086
Totals ...	139	4466	22	64	4083

It is noticeable that the number of pail closets has increased considerably. This is in accordance with the policy of the department to substitute where no conversion to the water carriage system is possible, privies and earth closets to chemical closets. These are emptied weekly and the increase throws additional work on the Department but is, from a public health viewpoint, to be advocated.

Of the 139 privies now shown as existing only 21 are capable of conversion to the water carriage system. It would therefore appear that until such time as further sewers are provided throughout the area, little further work of privy conversion remains to be carried out.

SANITARY INSPECTION OF THE DISTRICT.

Details of inspections made

Total number of inspections made							2341
							No of
Dwelling Houses.							Inspections
Ordinary	...	...	...	...	...	...	407
Municipal Houses	...	...	...	...	...	...	38
Municipal Applications	...	...	...	...	...	...	224
Housing Act 1936, Overcrowded	...	...	...	...	...	...	2
Housing Act, 1936	...	...	...	...	...	...	67
Houses (Cons. Regs.)	...	...	...	...	...	...	32
Re Notifiable Diseases	...	...	...	...	...	...	10
Disinfection—Infectious Disease	...	...	...	...	...	...	10
Sanitary Conveniences.							
Water Closets	...	...	...	...	...	...	23
Privies	...	...	...	...	...	...	13
Tubs	...	...	...	...	...	...	9
Cesspools	...	...	...	...	...	...	2
Septic Tanks	...	...	...	...	...	...	5
Refuse Storage.							
Ashplaces	...	...	...	...	...	...	1
Ashbins	...	...	...	...	...	...	105
Drains.							
Inspections	...	...	...	...	...	...	85
Tests	...	...	...	...	...	...	32
Sewers.							
Sewers	...	...	...	...	...	...	15
Factories.							
Factories (with mechanical power)	...	...	...	...	...	...	7
Factories (without mechanical power)	...	...	...	...	...	...	2
Factories (means of escape)	...	...	...	...	...	...	2

	No. of Inspections
Food Storage, Preparation, etc.	
Bakehouses	10
Foods Shops	40
Canteens	4
Slaughter Houses	306
Ice Cream Premises	21
Food Byelaws	32
Food Samples	72
Meat & Food Inspections	303
Smoke Abatement and Atmospheric Pollution.	
Atmospheric Pollution... ..	68
Boiler Houses	4
Smoke Observations	10
Rodent Control.	
Inspections	100
Shops.	
Inspections—Shops Act	34
Miscellaneous.	
Inspections	246

NOTICES SERVED.

Informal Notices Served	54	} 64
Informal Notices outstanding at end of 1952	10	
Informal Notices complied with	53	
Statutory Notices Served	6	
Statutory Notices complied with	1	
Notices Outstanding at end of 1953	16	
Verbal Notices given and complied with for the Remedy of Defects, etc.	53	
Letters sent	106	
Complaints received	119	
Complaints confirmed	104	

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED.

Houses.	
Houses made fit	75
Lighting improved	—
Washing accommodation improved	1
Overcrowding Abated	4
Roofs Repaired	16
Eaves, Spouting, Rain Water Fall Pipe Repaired	17
Rain Water Pipe Disconnected	2
External Walls Repaired	4

Houses (cont.)

Internal Walls Repaired	...	...	...	...	...	22
Floors Repaired	...	...	...	...	...	—
Doors Repaired	...	...	...	...	...	4
Fire-places Repaired	...	...	...	...	...	11
Yards Paved	...	...	...	...	...	—
Dangerous Structures Removed	...	...	...	...	...	12
Coal Stores Improved	...	...	...	...	...	1
Ventilation Improved	...	...	...	...	...	4
Ceilings Repaired	...	...	...	...	...	7
Vermin Infestation	...	...	...	...	...	3

Drains.

Repaired & Re-constructed	...	...	...	...	6
Cleansed by Owner	...	...	...	...	12
I.C. Constructed	...	...	...	...	1
Ventilated	...	...	...	...	3
Disconnected	...	...	...	...	2
Cesspools Abolished	1

Accumulations.

Manure	1
Other	1

Animals, Poultry, etc.

Nuisances Abated	2
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Ash-bins and Ash-places.

Bins Renewed	106
Ash-places Abolished	1
Ash-places Repaired	1

Closets.

Cleansed or Limed	...	...	...	...	...	4
Reconstructed & Repaired	...	...	...	...	...	9
Additional W.C's. Provided	...	...	...	...	...	1
Privies Repaired	...	...	...	...	...	—
Tub Closets Repaired	...	...	...	...	...	1
Tippler Closets Repaired	...	...	...	...	...	2

Sinks.

New Sinks Provided	...	...	...	...	...	13
Waste Pipe Trapped & Repaired	...	...	...	...	...	14

SHOPS ACT, 1934.

34 inspections have been made under the Shops Act, 1934, during the year. No contraventions of the Act were found.

Licensed Premises.

Following the survey of Sanitary accommodation provided at Licensed Premises in the Area, interviews have been held with representatives of a number of the Breweries concerned, and discussions have taken place on suggested improvements.

The sanitary accommodation at two of the licensed premises was improved during the year and is now satisfactory.

SMOKE ABATEMENT AND ATMOSPHERIC POLLUTION.

Ten observations were made during the year, and in three cases the emission of black smoke was noted. The attention of the companies concerned was drawn to the contraventions and the methods of firing were investigated in the boiler houses concerned.

It has to be remembered that under existing legislation the emission of black smoke for a period not exceeding three minutes each half hour does not constitute an offence and a factory may emit smoke more or less continuously in moderate quantities.

The atmospheric pollution stations were maintained during the year. The records show that no serious increase in pollution is taking place in the area and the deposits follow a similar pattern as is observed nationally.

The readings of the stations are set out in the following table.

MONTH	FIELD HEAD			HOPTON LANE			EASTTHORPE		KNOWL HOUSE
	Rainfall ins.	Total Solids Tons/Sq. M.	Mq. SO ₃ /Day	Rainfall ins.	Total Solids Tons/Sq. M.	Mq. SO ₃ /Day	Rainfall ins.	Total Solids Tons/Sq. M.	Mq. SO ₃ /Day
January ...	0·46	8·75	1·94	0·51	8·92	1·82	0·46	10·20	1·89
February ...	1·54	9·48	3·02	1·12	8·81	2·53	1·90	13·67	2·42
March ...	0·77	13·30	1·88	1·38	36·04	1·53	1·02	16·33	1·79
April ...	2·04	11·49	0·93	2·30	11·54	0·78	2·32	15·20	0·77
May ...	1·43	10·45	1·39	1·43	10·19	1·31	1·54	16·46	0·86
June ...	2·46	17·56	1·05	2·71	15·80	1·00	2·78	21·72	0·60
July ...	2·81	11·73	1·08	3·07	13·58	0·65	2·93	18·60	0·62
August ...	3·47	7·62	0·68	3·23	6·83	0·72	3·04	8·06	0·43
September ...	1·59	10·33	0·92	2·04	11·68	0·95	1·85	16·39	1·57
October ...	1·89	12·20	2·08	2·00	10·30	2·52	1·29	14·92	1·70
November ...	2·15	8·58	1·51	2·30	9·25	1·13	2·21	6·90	2·22
December ...	1·02	12·28	3·28	1·23	13·10	2·15	0·98	21·15	2·15

**PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED
BY BYELAWS AND REGULATIONS.**

All premises and occupations within the district which can be controlled by byelaws are already so controlled. There are no lodging-houses or underground sleeping rooms and five van dwellings only in the district.

One site was licensed to accommodate four trailer type caravans.

WATER.

The district receives the bulk of its supplies from Huddersfield Corporation. The supply is constant and direct to the houses.

The supply is not satisfactory; repeated complaints of discoloured water and lack of pressure are made to this department. The attention of the undertakers has been directed to these matters and the supply is under close observation.

In addition to the supply from the Huddersfield Corporation there are now only two wells and one spring serving two houses. The area samples of water were submitted to the laboratory for bacteriological examination during the year.

PLUMBO-SOLVENCY OF WATER SUPPLIES.

Two samples of water from the Huddersfield Corporation mains supply were submitted for examination as follows :—

SUPPLY Date Sample Collected	Address at which collected	RESULT OF EXAMINATION		P.H. Value
		Approx. Length of Lead Service Pipe	Lead Content (grains per gallon)	
Huddersfield Corporation After standing in pipe for a measured period of ½ hour	Council Offices, Mirfield	35 ft.	Nil	8·0
		do.	do.	7·1
	Council Offices, Mirfield	35 ft.	Nil	8·2
		do.	1/50	7·1

DRAINAGE AND SEWERAGE.

Except in isolated cases the district is provided with sewers. No other extension has been made during the year, with the exception of sewers to the housing estates, Kitson Hill Road and Hopton Lane. Consideration should now be given to the question of sewer extension to enable further areas to be put on the water carriage system of sewage disposal, as referred to under the heading "Sanitary Conveniences."

RIVERS AND STREAMS.

The River Calder runs through Mirfield and is in a polluted state when it enters the district. Considerable improvement has been made in the disposal of trade effluent from the majority of factories in the area which now enters the sewer, and as a result is improving the condition of the Calder.

HOUSING.

During the year 66 houses were completed by the Council. In addition 4 private houses were completed by private enterprise. This rate of building is most encouraging and has materially improved the housing situation in the district. Consideration should now be given to the question of dealing with the existing older property of a sub standard nature.

During the year 21 houses were dealt with under the Housing Act Section 11 (Individual Demolition) and a further three houses were demolished by informal action. The inspection of applicants under the Council's Point Scheme was continued during the year and continues to work satisfactorily. No application has been submitted for an Improvement grant under Part II Housing Act 1949.

OVERCROWDING.

Four cases of overcrowding were abated during the year and two new cases were found. The position of the Statutory Overcrowding cases in the area is, however, very satisfactory ; only fifteen cases are known to exist. Many acute cases of moral overcrowding however still exist and the figures do not include those families who are living with parents and friends and are without a house of their own.

Overcrowding Particulars.

(1)	(a)	Number of Dwelling Houses Overcrowded at the end of the year	15
	(b)	Number of Families dwelling therein	15
	(c)	Number of persons dwelling therein	76
(2)		Number of New Cases of Overcrowding reported during the year	2
(3)	(a)	Number of Cases of Overcrowding relieved during the year	4
	(b)	Number of Persons concerned in such cases	15

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

Regular inspections have been made at all dairy premises in the district and the provisions of the Milk and Dairies Regulation, 1949, as applicable to dairies and distributors have been enforced. The common practice of depositing milk bottles and crates on footpaths has been discontinued, apart from isolated instances which are dealt with as they arise.

Number of distributors registered in the area	34
Number of Dairies registered in the area	5

MILK (SPECIAL DESIGNATIONS) REGULATIONS 1949.

The licences issued by the Council under the above Regulations are as follows :—

Tuberculin Tested (Dealers)	...	...	...	...	11
Tuberculin Tested (Supplementary)	...	...	...	...	11
Pasteurised (Dealers)	...	...	...	...	12
Pasteurised (Supplementary)	...	...	...	...	12
Sterilised (Dealers)	...	...	...	...	16
Sterilised (Supplementary)	...	...	...	...	3

There were no contraventions of the Regulations during the year.

A notification was received from the Ministry of Food in December of this year that as from 1st January, 1954, The Milk (Special Designations) (Specified Areas) (No. 3) Order, 1953, would become operative in the district. This means that all milk will in future be designated milk and that it will be an offence to sell ordinary milk.

BACTERIOLOGICAL EXAMINATION OF MILK.

The Department continued throughout the year regular sampling of milk retailed in the district. During the year 14 samples of ordinary milk and 34 samples of designated milks were submitted to the Public Health Laboratory, Wakefield, for bacteriological examination. The results were as follows :—

Total	GRADE	INSIDE DISTRICT		OUTSIDE DISTRICT	
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
14	Ordinary	13	—	1	—
11	Tuberculin Tested	7	2	1	1
6	Tuberculin Tested (Pasteurised)	4	—	2	—
5	Accredited	3	—	—	2
5	Pasteurised	4	—	1	—
5	Sterilised	5	—	—	—
46		36	2	5	3

The results of the samples submitted for bacteriological examination show that of the 46 samples of milk from retailers 41 or 87.8% were reported to be satisfactory.

In addition to the above, 8 samples were submitted for evidence of tuberculosis and one sample was reported positive. Appropriate action was taken by the Medical Officer of Health under the provisions of Section 20 of the Milk & Dairies Regulations 1949.

FOOD AND DRUGS ACT, 1938.

The West Riding County Council, acting as Food and Drugs Authority for the area, submitted during the year 50 samples for analysis under the Act.

Number of Samples taken under the Food and Drugs Act, 1938.

Milk		Drugs		Other Foods	
Genuine	Adulterated	Genuine	Adulterated	Genuine	Adulterated
30	1	1	—	18	—

Number of proceedings—Nil

Cautions issued—One

FOOD BYELAWS.

Close attention has been paid during the year to the handling and wrapping of food as controlled by the Byelaws. There has generally been a marked improvement particularly in the display of unwrapped food-stuffs. Details of contraventions found at the various food premises are as follows :—

Type of Premises	No. of Premises	No. of Contravention
General Grocery	46	5
Restaurants, Cafe's, Canteens, &c. ...	17	—
Confectionery	11	—
Bakehouses	6	6
Fruit & Vegetables	16	—
Wet Fish	9	—
Fish Frying	14	—
Butchers	20	—
Premises used for preparation of sausages, &c.	6	—

The contraventions found were mainly instances of unwrapped foodstuffs and of confectionery being displayed on open counters where they are liable to contamination by the public.

I am particularly pleased with the progress made in food hygiene in the district since the Food Byelaws were introduced three years ago. The Food Traders in general have co-operated with the department most satisfactorily and there is now a noticeable improvement throughout the area in the display of unwrapped foodstuffs and the handling of food generally.

The department has achieved these results by regular visits of inspection and informal discussions with traders and this work continued throughout the year.

REGISTRATION OF FOOD PREMISES.

(a) Ice Cream.

Twenty-six premises are registered for the sale of ice cream (pre-packed).

Two premises are registered for the sale and manufacture of ice cream (Cold Mix).

Visits have been made to all registered premises during the year. Two premises only manufacture ice cream and both are manufacturing the complete Cold Mix and comply with the requirements of the Ice Cream (Heat Treatment Regulations) 1947.

It will be observed from the following table that regular samples of ice cream were taken during the year. There has been a decided upgrading of the ice cream sold in the district which indicates that the work of the Department in supervising and controlling the sale of ice cream during the past year has been well worth while.

No. of samples taken for testing by means of methylene blue reduction test	...	...	...	...	...	21
No. of samples placed in provisional Grade I	...	...	...	...	...	18
No. of samples placed in provisional Grade II	...	...	...	...	...	2
No. of samples placed in provisional Grade III	...	...	...	...	...	1
No. of samples placed in provisional Grade IV	...	...	...	...	...	—

Grading is determined by the time taken to bring about reduction of methylene blue in the test. It gives an indication of cleanliness but only a rough indication of bacterial content, and none whatever of the type of bacteria.

Ice Cream (Heat Treatment) Regulations 1947, suggest that over a six monthly period 50% of a vendor's samples should fall into Grade I, 80% into Grades I and II, and not more than 20% into Grade III, and none into Grade IV.

(b) Register of Food (Preparation and Manufacture) Premises.

Eleven premises are registered for the preparation or manufacture of food products.

Fourteen are registered for the preservation of fish by cooking.

All the premises now comply with the requirements of the Food & Drugs Act and have been well maintained during the year.

BAKEHOUSES.

Regular inspections have been made at the six bakehouses in the area. It has been necessary to require cleansing of walls, ceilings, utensils, etc., at three premises. Throughout the year however the general standard of cleanliness has been satisfactory.

SLAUGHTER-HOUSES.

The number of licensed slaughter-houses in the district is seven.

Slaughtering for this district is carried out at the Spenborough Abattoir under the control of the Ministry of Food.

One bacon factory in the district is licensed for the slaughter of pigs and during the year regular post-mortem inspections of carcasses was carried out.

Details of inspection and condemnations during the year are shown as follows :—

No. of Pigs Slaughtered	CONDEMNATIONS			
	Tuberculosis	Weight	Other Causes	Weight
23649		lbs.		lbs.
	68 pig carcasses and organs	9691	10 carcasses & organs	1305
			3 heads	36
	384 pig heads	4626	89 plucks	623
	237 pig plucks	1659	406 heart & lungs	1624
	36 pig mesenteries	144	357 livers	1428
	3 forequarters	122	107 kidneys	53½
	2 pig intestines	30	3 legs	76
			3 intestines	45
			45 hearts	45
			9 leaf fats	27
			2 forequarters	65
			3 hindquarters	99
			1 shoulder	10
			4 shanks	24
			trimmings	15
Total		16272		5475½

CONDEMNATIONS OF UNSOUND FOOD.

The following items were surrendered and condemned as unfit for human consumption during the year :—

Chilled Beef	...	...	12½ lbs.
Lamb	...	...	5 "
2 sides of Pork	...	...	128 "
Smoked Bacon	...	...	94 "
Butter	...	...	1 "
Currant Sponge Pudding	...	...	26 "

CANNED GOODS :

Oxtongue	...	...	187 "
Corned Beef...	...	...	169½ "
Ham	...	...	19 "
Luncheon Meat	...	...	¾ "
Stewed Steak	...	...	1¼ "
Steak Pudding	...	...	½ "
Peas	...	...	4 "
Carrots	...	...	1 "
Tomatoes	...	...	2¼ "

CANNED GOODS (*cont.*)

Beans	...	...	...	2 $\frac{3}{4}$ lbs.
Apricots	...	...	...	12 „
Cherries	...	...	...	25 $\frac{3}{4}$ „
Damsons	...	...	...	8 $\frac{1}{4}$ „
Grapefruit	...	...	...	1 $\frac{1}{4}$ „
Peaches	...	...	...	7 $\frac{1}{2}$ „
Pears	...	...	...	18 $\frac{3}{4}$ „
Pineapple	...	...	...	1 „
Plums	...	...	...	185 $\frac{1}{2}$ „
Prunes	...	...	...	4 „
Raspberries	...	...	...	15 „
Strawberries	...	...	...	1 „
Milk	...	...	...	28 pints (equivalent)

RODENT CONTROL.

PREVENTION OF DAMAGE BY PESTS ACT 1949.

Once more throughout the year much time and attention has been spent on this important work. A 10% Test Baiting of the sewers in the area was carried out. Resulting from this a treatment was carried out involving prebaiting at 33 manholes, takes being recorded at 20 manholes. In addition 43 treatments were carried out at 31 private premises and 12 business premises.

The Prevention of Damage by Pests Act 1949 places an obligation on the Local Authority to ensure that as far as practicable its area is kept free from rats and mice. District Councils are directly responsible for the administration of the Act. The Act provides for the submission of reports to the Ministry and the making of grants to Local Authorities of one-half of the irrecoverable expenditure incurred by them in the performance of their functions under Part I of the Act.

Additional responsibilities are placed on Local Authorities to ensure that the provisions of the Act are carried out in their area. The procedure recommended by the Ministry of Agriculture and Fisheries is being carried out. Mr. J. Brown, the Assistant Sanitary Inspector and Mr. F. F. W. Popplewell have been largely responsible for carrying out this work in a most efficient manner.

SCAVENGING.

The Scavenging of the District during the year has been satisfactory. A weekly collection of refuse is maintained with the exception of holiday periods. The Department has a fleet of modern Refuse Collecting Vehicles, and the district has a Refuse Collection Service which will bear favourable comparison with that of any similar district.

Details of the work carried out by the Department during the year are set out below :—

Wagon No.	Loads to tip	Bins	Privies	Ashpits	Pail Closets	Trade Refuse
1	632	84,256	—	—	—	—
2	592	9,342	2056	1266	2867	519
3	709	90,499	12	14	123	4
Totals	1833	184,097	2068	1280	2990	623

The Council are fortunate in that excellent tipping facilities are available for many years to come.

COLLECTION AND DISPOSAL OF REFUSE.

EXPENDITURE				£	s.	d.	£	s.	d.	£	s.	d.
Wages	...	...	...	4886	13	8						
National Insurance	...	...	...	186	0	0						
Superannuation	...	...	...	89	0	0						
							5961	13	8			
Vehicle Repairs	...	...	...				205	14	3			
Vehicle—Licence and Insurance							192	0	0			
Petrol and Oil	...	...	...				573	19	9			
Rents	...	...	...				50	0	0			
Salvage	...	...	...				16	3	2			
Loan Charges	...	...	...				281	0	0			
Sundries	...	...	...				42	1	11			
										6533	12	9
INCOME												
Trade Refuse	...	...	...				118	0	0			
Salvage	...	...	...				792	18	4			
										860	18	4
NET COST				...			...			£5672	14	5

SALVAGE 1953-1954.

The results of the salvage effort during the year are set out below. The income amounting to £792 18s. 4d. is again very gratifying.

The collection of Kitchen Waste was discontinued in September, 1953. The appointed agents of the Ministry gave notice without prior warning that they were unable to take any further supplies of the material. The Ministry were unable to find any outlet and in consequence withdrew their direction. The loss of income is regretted but on the credit side I feel that from a Public Health viewpoint the District is better without these communal waste bins.

I take this opportunity, however, of thanking all those householders who made use of the kitchen waste bins during the period the Council were under Direction to collect.

I also thank all those householders and business houses who have throughout the year regularly saved their waste paper. This material is now practically the only article salvaged. We rely on a substantial income from Salvage to assist in the economic running of the Cleansing Department and it is now more essential than ever that the Public co-operate in this work.

SALVAGE RETURNS.

1952-53						1953-54					
Tonnage			Income			Tonnage			Income		
T.	C.	Q.	£	s.	d.	T.	C.	Q.	£	s.	d.
169	17	1	1101	16	8	133	17	2	792	18	4

INCOME FROM SALE OF SALVAGED MATERIALS.

				Tonnage			Income		
				T.	C.	Q.	£	s.	d.
Paper	...	...	...	101	17	0	678	9	1
Scrap Metal	...	...	...	3	8	2	11	19	9
Tins	...	...	...	4	14	1	11	15	8
Rags	...	...	...	—	—	—	—	—	—
Kitchen Waste	...	...	...	23	17	3	90	13	10
				133	17	2	£792	18	4

INCOME FROM SALE OF SALVAGED MATERIALS—1940-53.

				Tonnage			Income		
				T.	C.	Q.	£	s.	d.
1940-50	...	...	...	2015	16	1	8284	5	6
1951	...	...	...	181	6	2	1905	4	4
1952	...	...	...	169	17	1	1101	16	8
1953	...	...	...	133	17	2	792	18	4
				2500	17	2	£12084	4	10

The above are the results of the salvage efforts in the area during the past years and indicate the benefits accruing to the nation and to the district by this means.

APPENDICES.

- A.** Vital Statistics of the Mirfield Urban District for 1944-1953.
- B.** Infantile and Maternal Mortality Rates of Mirfield for the past twenty years.
- C.** Notifications of Infectious Disease in Mirfield Urban District, 1934-1953.
- D.** Adoptive Acts in force in the District.
Bye-Laws in force in the District.
- E.** Staff of the Health Department.

VITAL STATISTICS OF THE MIRFIELD URBAN DISTRICT FOR 1944-1953.

Year	Population estimated to middle of each year	Births		Net Deaths belonging to the District		
		Under 1 year		At all ages		Rate
		No.	Rate	No.	Rate per 1,000 Births	
1944	11,170	193	17.3	6	31.1	12.5
1945	11,070	197	17.8	5	25.4	12.6
1946	11,480	154	13.4	5	32.0	14.2
1947	11,690	239	20.4	8	33.5	16.4
1948	11,950	205	17.2	6	29.2	14.2
1949	11,940	187	15.6	4	21.3	13.9
1950	11,930	168	14.1	1	6.0	12.5
1951	11,840	195	16.5	7	35.9	13.8
1952	11,760	196	16.7	4	20.4	14.8
1953	11,830	151	12.8	3	19.9	13.9

APPENDIX B

**INFANTILE AND MATERNAL MORTALITY RATES OF
MIRFIELD FOR THE PAST 20 YEARS.**

Year	Births	Infant Deaths	Maternal Deaths	Infant Mortality Rate	Maternal Mortality Rate
1934	176	8	2	67.0	11.4
1935	169	7	—	41.4	—
1936	144	7	—	48.6	—
1937	142	7	1	49.3	6.8
1938	146	6	1	41.1	6.5
1939	121	7	—	57.8	—
1940	132	6	—	45.1	—
1941	112	11	—	97.3	—
1942	158	11	—	69.6	—
1943	161	4	—	24.8	—
1944	193	6	1	31.1	5.2
1945	197	5	—	25.4	—
1946	154	5	—	32.0	—
1947	239	8	—	33.5	—
1948	205	6	—	29.2	—
1949	187	4	—	21.3	—
1950	168	1	—	6.0	—
1951	195	7	—	35.9	—
1952	196	4	1	20.4	4.9
1953	151	3	—	19.9	—

NOTIFICATIONS OF INFECTIOUS DISEASE in Mirfield Urban District, 1934-1953.

Year	Smallpox	Polio myelitis and Polio encephalitis	Enteric Fever	Scarlet Fever	Diphtheria	Pneumonia	Cerebro-Spinal Fever	Erysipelas	Malaria	Puerperal Fever	Puerperal Pyrexia	Ophthalmia Neonatorum	Respiratory Tuberculosis	Other Tuberculosis	Measles	Whooping Cough	Encephalitis Lethargica	Dysentery	Other Diseases	Totals
1934	—	1	—	38	50	1	—	9	—	—	2	1	4	4	—	—	—	—	—	108
1935	—	—	—	28	17	5	1	6	—	—	2	3	5	5	—	—	—	—	—	72
1936	—	—	—	14	11	2	—	4	—	1	2	1	6	6	—	—	—	1	—	48
1937	—	—	—	17	3	3	—	2	—	—	2	3	4	3	—	—	—	—	—	37
1938	—	—	1	31	4	6	—	4	—	—	2	1	4	6	—	—	—	—	—	58
1939	—	—	—	5	22	4	4	2	—	—	—	—	8	—	1	3	—	—	—	27
1940	—	—	—	13	—	3	4	2	—	—	—	—	7	3	237	2	—	—	—	293
1941	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1942	—	—	—	109	20	4	—	5	—	—	5	—	5	3	33	11	—	—	—	195
1943	—	1	—	60	23	5	1	3	—	—	1	—	2	3	233	7	—	1	—	339
1944	—	—	—	22	4	—	1	2	—	—	—	—	6	2	12	5	—	—	—	55
1945	—	—	—	26	7	—	1	—	—	—	—	1	4	2	110	6	—	—	—	157
1946	—	—	—	17	—	1	—	1	—	—	—	—	6	1	18	5	—	—	—	49
1947	—	—	—	2	—	1	—	—	1	—	—	2	6	5	172	5	—	—	—	200
1948	—	6	—	16	—	1	—	4	—	1	—	2	6	3	43	20	—	1	—	97
1949	—	11	1	6	—	1	—	1	—	1	—	—	11	3	140	26	—	—	1	202
1950	—	—	—	9	—	6	—	1	—	—	3	—	10	1	109	27	—	1	—	167
1951	—	—	—	24	—	6	—	—	—	—	2	—	9	3	110	33	—	1	—	188
1952	—	2	—	9	—	2	—	3	—	—	6	—	7	—	55	29	—	—	—	113
1953	—	3	—	4	—	5	—	—	—	—	5	1	4	2	130	3	—	—	—	157

ADOPTIVE ACTS, ETC., IN FORCE IN THE DISTRICT

Act	Date of Operation
Public Health Acts Amendment Act, 1890—	
Part III	1st July, 1891
Private Street Works Act, 1892	1st June, 1899
Public Health Acts Amendment Act, 1907—	
Sections 27 and 33 and the whole of Part III	28th September, 1909
Part VI	17th January, 1921
Sections 15 to 23 inclusive	24th August, 1926
Public Health Act, 1925 :—	
Sections 13 to 19 (inclusive), 23 to 33 (inclusive), 35, 36 to 43 (inclusive) and Part IV	18th October, 1926
Sections 21, 22, 44 and Part V	1st February, 1927
Part VI	8th September, 1925
Furnished Houses (Rent Control) Act, 1946	18th March, 1949

BYE-LAWS IN FORCE IN THE DISTRICT

Cleansing of Footways	1874
Scavenging	1874
Hackney Carriages	1881
Offensive Trades	1922
Public Parks and Recreation Grounds	1928
Smoke Abatement	1929
Slaughter-houses	1932
New Streets	1932
Buildings	1939
Sale of Food	1949
Building	1953

STAFF OF THE HEALTH DEPARTMENT**Medical Staff.**

WILLIAM M. DOUGLAS, M.B., Ch.B., D.P.H.

Medical Officer of Health.

Divisional Medical Officer.

Sanitary Inspector's Staff.

H. H. JOHNSON, M.S.I.A., Certificates of the Royal Sanitary Institute for the Inspection of Meat and Other Foods. Chief Sanitary Inspector. Cleansing Officer.

J. BROWN, Certificate of the Royal Sanitary Institute and the Sanitary Inspectors Examination Joint Board. Certificate for the Inspection of Meat and other Foods. Certificate in Sanitary Science. Additional Sanitary Inspector.

Mrs. J. DRANSFIELD, Clerk.

Divisional Public Health Staff (Division 17, comprising Spenborough and Mirfield Urban Districts).**Medical Staff.**

ELEANOR M. WHITEHEAD, M.B., Ch.B., Assistant County Medical Officer.

NORMA M. TATTERSFIELD, M.B., Ch.B., D.C.H., Assistant County Medical Officer. (Resigned 19th December 1953).

MARGARET M. BREARLEY, M.B., Ch.B., Assistant County Medical Officer. (Commenced 30th November 1953).

Clerical Staff.

Mr. P. MARSHALL, D.P.A., Chief Clerk.

Mr. H. R. COX.

Miss G. M. HARTLEY

Miss M. POPPLEWELL.

Mrs. D. M. ROBINSON.

Mrs. V. THEWLIS.

Mrs. J. M. TOULSON.

Health Visitors (Part-time School Nurses).

Miss D. DAY, S.R.N., S.C.M., H.V. Cert. of R.S.I., Senior Health Visitor.

Mrs. D. PICKUP, S.R.N., S.C.M., H.V. Cert. of R.S.I.

Mrs. M. RAYNER, S.R.N., S.C.M., H.V. Cert. of R.S.I.

Miss M. HARTLEY, S.R.N., S.C.M., H.V. Cert. of R.S.I.

Miss M. GREENHOUGH, S.R.N., S.C.M., H.V. Cert. of R.S.I.

Miss L. WILLOUGHBY, D.N., S.R.N., S.C.M., H.V. Cert. of R.S.I.

Miss M. J. TRENBATH, S.R.N., S.C.M., H.V. Cert. of R.S.I.

Miss C. JANSE, S.R.N., S.C.M., H.V. Cert. of R.S.I. (Commenced 1st August 1953).

Miss A. SEELIG, S.R.N., S.C.M., H.V. Cert. of R.S.I. (Commenced 1st August 1953).

Assistant Health Visitors (Temp. School and Clinic Nurses).

Mrs. G. MARSHALL, S.R.N.
Mrs. R. COATES, S.R.N. (Left 31st August, 1953).
Miss A. E. RIGBY, S.R.N. (Left 13th March, 1953).
Mrs. E. I. SMITH, S.R.N.

Midwives.

Miss E. J. POTTS, S.C.M.
Mrs. D. M. GOMERSALL, S.R.N., S.C.M.
Mrs. E. JOHNSON, S.C.M. (Retired 29th October, 1953).
Miss L. M. THOMPSON, S.R.N., S.C.M.
Miss B. HEPPLESTON, S.R.N., S.C.M. (Commenced 2nd November 1953).

District Nurses.

Miss F. E. GAMBLE, S.R.N., Queen's Nurse.
Miss F. METCALFE, S.R.N., C.M.B., Queen's Nurse.
Miss E. BIRD, S.R.N., S.C.M., Queen's Nurse.
Miss E. PHILLIPS, S.R.N., Queen's Nurse.
Mrs. E. SAYLES, S.R.N., S.C.M.
Miss W. SPENCER, S.R.N., S.C.M., H.V.Cert. of R.S.I., Queen's Nurse. (Commenced 1st June 1953).
Miss M. LAYCOCK, S.R.N., S.C.M.
Miss B. D. SHARP, S.R.N., S.C.M.

Dental Staff.

Mr. H. TAYLOR, L.D.S.,
Miss K. COLLETT, Dental Attendant.

Moorend Day Nursery.

Mrs. W. M. BROOKE, S.R.N., Matron.
Miss K. ARMITAGE, S.E.A.N., Deputy Matron.
Mrs. M. A. RYAN, Warden.
Miss E. DRAKE, Nursery Nurse.
Mrs. J. RILEY, Nursery Assistant.
Mrs. K. M. HOLMES, Nursery Assistant.
Miss R. BROOKE, Nursery Nurse.
Mrs. P. J. HARRISON, Nursery Nurse.
Miss J. THORNTON, Nursery Assistant.

Part-time Staff.

Dr. M. M. MACTAGGART, County Psychologist.
Mr. B. D. VAINES, M.Ch.S., Chiropodist.
Miss D. RENDER, M.C.S.P., Physiotherapist.
Mr. L. WITTELS, M.D. (Vienna), D.O., Consultant Ophthalmologist.
Mrs. G. JONES, Home Teacher of Mental Defectives. (left October, 1953)
Mrs. M. M. DE LA COUR, Mental Health Social Worker.
Mrs. A. S. LEE, Speech Therapist.
Miss L. M. BALL, Home Teacher of Mental Defectives. (Commenced 16th November 1953).

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